

Former Option 2: Problem Definition

Statewide: Approved EPSDT claims data for FY 2006-07 shows that the 3% of EPSDT clients with the highest average monthly claims account for 25.5% of total annual EPSDT spending. While it is reasonable to expect that this highest-cost-of-service cohort includes clients with severe conditions that justify higher average monthly costs, a review of client specific services received by a sample drawn from this cohort often include a complex pattern of use that raises questions about service levels, array of services, possible gaps in service, and multi-system involvement. Studies of other health care system highest-cost-of-service cohorts suggest that the cost and complexity of these EPSDT services could indicate a need for improved coordination, enhanced capacity, and other improvements to ensure that each child is receiving services that are indicated, effective, and efficient, at the levels being provided. DMH has consulted with representatives from the California Mental Health Directors Association, the County Welfare Directors Association, the Californian Council of Community Mental Health Agencies, and the California Alliance of Child and Family Services on the concepts of this proposal as they relate to addressing quality, effectiveness and efficiency of service delivery to children.

Former Option 1: Describe the Data

Statewide: EPSDT claims data used in developing this proposal consists of FY 2006-07 approved claims data received as of March 2008; the most current EPSDT claims data available at this time. The claims file for this period included claims for ~183,892 clients totaling ~ \$949,967,324. MHPs, in collaboration with their providers, are responsible for identification and collection of baseline data (i.e., clinical data, billing/reporting data, treatment services, etc.), establishing outcome indicators and continuing data exchange and reporting to the Department of Mental Health

Former Option 1: Study Question

Statewide: Will implementing activities such as, but not limited to: increased utilization management, care coordination activities and a focus on the outcomes of interventions lead to enhanced quality, effectiveness and efficiency of service delivery to children receiving EPSDT funded mental health services?